

RBZ, LLP  
BUSINESS MANAGEMENT  
11766 WILSHIRE BLVD, NINTH FLOOR  
LOS ANGELES, CA 90025  
(310) 478-4148

NOVEMBER 12, 2014

CENTRAL CITY EAST ASSOCIATION  
725 SOUTH CROCKER STREET  
LOS ANGELES, CA 90021

CENTRAL CITY EAST ASSOCIATION:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 17, 2014.

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT THE RETURN ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE DECEMBER 15, 2014.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:           FRANCHISE TAX BOARD  
                  PO BOX 942857  
                  SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2013 FTB 3586" ON THE CHECK OR MONEY ORDER.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

KEN COELHO, CPA

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**CENTRAL CITY EAST ASSOCIATION****95-4001717**

Name and title of officer

**RAQUEL K. BEARD  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

- |  |  |                      |
|--|--|----------------------|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b <b>2,572,657.</b> |
| 2a Form 990-EZ check here ► <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b _____             |
| 3a Form 1120-POL check here ► <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b _____             |
| 4a Form 990-PF check here ► <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b _____             |
| 5a Form 8868 check here ► <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b _____             |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

 I authorize **RBZ, LLP**

ERO firm name

to enter my PIN **90021**Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ►

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**95292190025**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ►

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**990**Form of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**Open to Public  
Inspection

- Do not enter Social Security numbers on this form as it may be made public.  
 ► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_ and ending \_\_\_\_\_

B Check if applicable:	C Name of organization  <b>CENTRAL CITY EAST ASSOCIATION</b>		D Employer identification number  <b>95-4001717</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As  <b>725 SOUTH CROCKER STREET</b>		E Telephone number  <b>(213) 228-8484</b>
	Number and street (or P.O. box if mail is not delivered to street address)  <b>725 SOUTH CROCKER STREET</b>		F Gross receipts \$  <b>2,572,657.</b>
	City or town, state or province, country, and ZIP or foreign postal code  <b>LOS ANGELES, CA 90021</b>		G City or town, state or province, country, and ZIP or foreign postal code  <b>LOS ANGELES, CA 90021</b>
	F Name and address of principal officer:  <b>RAQUEL K. BEARD SAME AS C ABOVE</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► <a href="http://WWW.CENTRALCITYEAST.ORG">WWW.CENTRALCITYEAST.ORG</a>			If "No," attach a list. (see instructions)
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: <b>1985</b> M State of legal domicile: <b>CA</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE CENTRAL CITY EAST NEIGHBORHOOD CONDITIONS.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	8
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	13
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	125,126.	25,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,401,774.	2,544,913.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,583.	2,744.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,533,483.	2,572,657.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	555,686.	581,034.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ►	2,846,334.	2,295,215.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,402,020.	2,876,249.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	131,463.	-303,592.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	954,179.	561,610.	
21 Total liabilities (Part X, line 26)	162,358.	73,381.	
22 Net assets or fund balances. Subtract line 21 from line 20	791,821.	488,229.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► Signature of officer  <b>RAQUEL K. BEARD, EXECUTIVE DIRECTOR</b>	Date
Paid Preparer Use Only	Print/Type preparer's name  <b>KENNETH COELHO</b>	Preparer's signature
	Date	Check if self-employed
		PTIN
		<b>P00444713</b>
	Firm's name ► <b>RBZ, LLP</b>	Firm's EIN ► <b>95-3439541</b>
	Firm's address ► <b>11766 WILSHIRE BLVD., 9TH FLR LOS ANGELES, CA 90025</b>	Phone no. (310) 478-4148

May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

### **Part III Statement of Program Service Accomplishments**

**Check if Schedule O contains a response or note to any line in this Part III . . . .**

- 1 Briefly describe the organization's mission:  
THE CENTRAL CITY EAST ASSOCIATION (CCEA) IS A NOT-FOR-PROFIT BUSINESS  
ORGANIZATION REPRESENTING COMMERCIAL PROPERTY OWNERS IN THE EASTERN  
PORTION OF DOWNTOWN LOS ANGELES. CCEA ALSO ADMINISTERS THE DOWNTOWN  
INDUSTRIAL BUSINESS IMPROVEMENT DISTRICT AND, FROM JANUARY 1 THROUGH

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )  
TO PROVIDE ADDITIONAL SECURITY TO THE NEIGHBORHOOD TO SUPPORT POLICE  
AND PROPERTY OWNER CRIME PREVENTION EFFORTS.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)  
**TO IMPROVE THE APPEARANCE OF THE DISTRICT BY PROVIDING MAINTENANCE  
SERVICES TO INCREASE THE FREQUENCY OF LITTER, DEBRIS, AND GRAFFITI  
REMOVAL.**

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**THEY DO THIS BY INITIATING PROGRAMS TO SPUR LOCAL BUSINESS INVESTMENT,  
KEEPING STAKEHOLDERS INFORMED OF BUSINESS-RELATED LEGISLATION, AND BY  
PROMOTING THE DISTRICT VIA WEBSITE AND NEWSLETTERS.**

**4e Total program service expenses**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X</li> </ul>	11a	X
11a		11b	X
11b		11c	X
11c		11d	X
11d		11e	X
11e		11f	X
11f		12a	X
12a		12b	X
12b		13	X
13		14a	X
14a		14b	X
14b		15	X
15		16	X
16		17	X
17		18	X
18		19	X
19		20a	X
20a		20b	
20b			

Form 990 (2013)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a 1b	9 0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	<input checked="" type="checkbox"/>
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	8
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	<input checked="" type="checkbox"/>
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O .....	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. ....		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	<input checked="" type="checkbox"/>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	<input checked="" type="checkbox"/>
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7b	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	<input checked="" type="checkbox"/>
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	9a	<input checked="" type="checkbox"/>
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b> Did the organization make any taxable distributions under section 4966? .....	10a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	10b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	11a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	11b	
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders .....	12a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	12b	
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	13b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....		
<b>c</b> Enter the amount of reserves on hand .....		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI  X

### Section A. Governing Body and Management

- |   | Yes     | No |
|---|---------|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a<br>8 |    |
| 1b Enter the number of voting members included in line 1a, above, who are independent   | 1b<br>8 |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2 X     |    |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 3 X     |    |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4 X     |    |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5 X     |    |
| 6 Did the organization have members or stockholders?  | 6 X     |    |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a X    |    |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b X    |    |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 8a X    |    |
| a The governing body?   | 8b X    |    |
| b Each committee with authority to act on behalf of the governing body?   | 9 X     |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |         |    |
- 1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- |  | Yes   | No |
|--|-------|----|
| 10a Did the organization have local chapters, branches, or affiliates?   | 10a X |    |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b   |    |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a X |    |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 12a X |    |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12b X |    |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12c X |    |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 13 X  |    |
| 13 Did the organization have a written whistleblower policy?   | 14 X  |    |
| 14 Did the organization have a written document retention and destruction policy?  | 15a X |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 15b X |    |
| a The organization's CEO, Executive Director, or top management official   | 16a X |    |
| b Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | 16b   |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a X |    |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b   |    |
- 10a Did the organization have local chapters, branches, or affiliates?
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a The organization's CEO, Executive Director, or top management official
- b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KEN COELHO, RBZ, LLP – 310.478.4148  
11766 WILSHIRE BLVD, NINTH FL., LOS ANGELES, CA 90025-1586

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>1b Sub-total</b>	►	218,952.	0.	17,738.
<b>c Total from continuation sheets to Part VII, Section A</b>	►	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>	►	218,952.	0.	17,738.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

- |   |  | Yes | No |
|---|--|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                       | 3   | X  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... | 4   | X  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       | 5   | X  |

## **Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL SECURITY SOLUTIONS P.O. BOX 101034, PASADENA, CA 91189	SECURITY	970,629.
UNIVERSAL BUILDING MAINTENANCE P.O. BOX 101032, PASADENA, CA 91189	MAINTENANCE	314,595.
CHRYSALIS, 522 SOUTH MAIN STREET, LOS ANGELES, CA 90013	MAINTENANCE	185,843.
GUZIN & STEIER, 4525 WILSHIRE BLVD, #201, LOS ANGELES, CA 90010	LEGAL	133,761.
RBZ, LLP, 11766 WILSHIRE BLVD., SUITE 900, LOS ANGELES, CA 90025	ACCOUNTING	121,461.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b	20,000.		
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	5,000.		
	g Noncash contributions included in lines 1a-1f: \$ .....				
	<b>h Total. Add lines 1a-1f</b> ►		25,000.		
<b>Program Service Revenue</b>	<b>2 a ASSESSMENT REVENUE</b>	<b>Business Code</b>			
	b	900099	2,544,913.	2,544,913.	
	c				
	d				
	e				
	f All other program service revenue .....				
	<b>g Total. Add lines 2a-2f</b> ►		2,544,913.		
	3 Investment income (including dividends, interest, and other similar amounts) .....		2,744.		2,744.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross rents .....	(i) Real	(ii) Personal		
	b Less: rental expenses .....				
	c Rental income or (loss) .....				
	d Net rental income or (loss) .....				
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses .....				
	c Gain or (loss) .....				
	d Net gain or (loss) .....				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a			
	b Less: direct expenses .....	b			
	c Net income or (loss) from fundraising events .....		►		
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a			
	b Less: direct expenses .....	b			
	c Net income or (loss) from gaming activities .....		►		
	10 a Gross sales of inventory, less returns and allowances .....	a			
	b Less: cost of goods sold .....	b			
	c Net income or (loss) from sales of inventory .....		►		
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	11 a .....				
	b .....				
	c .....				
	d All other revenue .....				
	<b>e Total. Add lines 11a-11d</b> ►		2,572,657.	2,544,913.	0.
	<b>12 Total revenue. See instructions.</b> ►				2,744.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX <input checked="" type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	236,690.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	298,013.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,785.			
10	Payroll taxes	36,546.			
11	Fees for services (non-employees):				
a	Management	103,186.			
b	Legal	125,870.			
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,082.			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	49,020.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,005.			
23	Insurance	26,039.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>SECURITY CONTRACT</b>	890,084.			
b	<b>MAINTENANCE CONTRACT</b>	271,208.			
c	<b>MAINTENANCE EXPENSES</b>	216,093.			
d	<b>BAD DEBT EXPENSE</b>	159,249.			
e	All other expenses SEE SCH O	384,379.			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,876,249.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest bearing .....	174,466.	1	122,332.
	2 Savings and temporary cash investments .....	335,763.	2	222,824.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	370,684.	4	111,396.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	8,840.	9	32,055.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	363,319.		
	b Less: accumulated depreciation .....	323,918.	10c	39,401.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	25,208.	15	33,602.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	954,179.	16	561,610.
Liabilities	17 Accounts payable and accrued expenses .....	162,358.	17	73,381.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	162,358.	26	73,381.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	791,821.	27	488,229.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	<b>33 Total net assets or fund balances</b> .....	791,821.	33	488,229.
	<b>34 Total liabilities and net assets/fund balances</b> .....	954,179.	34	561,610.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	2,572,657.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	2,876,249.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-303,592.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	791,821.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	488,229.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....	2a	X	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c		
b Were the organization's financial statements audited by an independent accountant? .....	3a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	3b		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....			

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

**CENTRAL CITY EAST ASSOCIATION**

Employer identification number

**95-4001717**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization	Employer identification number
CENTRAL CITY EAST ASSOCIATION	95-4001717

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF WATER AND POWER  P.O. BOX 51111  LOS ANGELES, CA 90051	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
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			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

CENTRAL CITY EAST ASSOCIATION

95-4001717

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

**Name of organization**

**Employer identification number**

## CENTRAL CITY EAST ASSOCIATION

95-4001717

**Part III**

*Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

**2013**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

CENTRAL CITY EAST ASSOCIATION

Employer identification number  
**95-4001717****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements .....

- b Total acreage restricted by conservation easements .....

- c Number of conservation easements on a certified historic structure included in (a) .....

- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

- 4 Number of states where property subject to conservation easement is located ►

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations

- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ► %

**b** Permanent endowment ► %

**c** Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

**(i)** unrelated organizations

**(ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		44,336.	44,336.	0.
<b>d</b> Equipment		296,881.	260,122.	36,759.
<b>e</b> Other		22,102.	19,460.	2,642.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,401.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BID RENEWAL COSTS	30,872.
(2) DEPOSITS	2,730.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	33,602.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

### **Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

**CENTRAL CITY EAST ASSOCIATION**

Employer identification number

**95-4001717**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

**Yes**

**No**

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**1b**

**2**

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|--|--|

**4a**

**X**

**4b**

**X**

**4c**

**X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? .....

**5a**

b Any related organization? .....

**5b**

If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? .....

**6a**

b Any related organization? .....

**6b**

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**7**

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**8**

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

**9**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

332111  
09-13-13

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

**Do not list any individuals that are not listed on Form 990, Part VII.**

Note: The sum of columns 10A (10B) for each listed individual must equal the total amount of Form 000 Part VII Section A lines 1-12 applicable column (D) and (E) amounts for that individual.

95-4001717 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CENTRAL CITY EAST ASSOCIATION

Employer identification number  
**95-4001717**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

MAY 2013, THE ARTS BUSINESS IMPROVEMENT DISTRICT. BIDS ARE FUNDED BY ASSESSMENTS ON PROPERTY TAXES AND PROVIDE SERVICES SUCH AS PRIVATE SECURITY PATROLS, SIDEWALK MAINTENANCE, STRATEGIC ECONOMIC DEVELOPMENT SUPPORT AND ADVOCACY. THESE ACTIVITIES ARE SUPPLEMENTAL TO GOVERNMENT SERVICES AND ADDRESS NEEDS THAT EXTEND BEYOND WHAT MUNICIPAL GOVERNMENT CAN PROVIDE.

**FORM 990, PART VI, SECTION A, LINE 2:**

MARK SHINBANE AND WILLIAM SHINBANE HAVE A FAMILY RELATIONSHIP;  
MATT KLEIN AND HOWARD KLEIN ALSO HAVE A FAMILY RELATIONSHIP.

**FORM 990, PART VI, SECTION B, LINE 11:**

THE ORGANIZATION'S ACCOUNTING FIRM PREPARES THE FORM 990. A DRAFT OF THE FORM 990 IS GIVEN TO THE ORGANIZATION'S EXECUTIVE DIRECTOR TO REVIEW FOR COMPLETENESS AND ACCURACY. AN APPROVAL FROM THE EXECUTIVE DIRECTOR IS NEEDED FOR THE ACCOUNTING FIRM TO PROCESS THE FINAL VERSION OF THE FORM 990. THE ACCOUNTING FIRM SENDS THE FINAL VERSION OF THE FORM 990 TO THE EXECUTIVE DIRECTOR FOR FINAL REVIEW AND SIGNATURE.

**FORM 990, PART VI, SECTION B, LINE 12C:**

WHERE A BOARD MEMBER IS AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO ADVISE OTHER FELLOW BOARD MEMBERS OF THE DETAILS OF SUCH CONFLICT. THE INTERESTED BOARD MEMBER WILL ABSTAIN FROM DISCUSSION ON THE SUBJECT TRANSACTION, EXCEPT AS NEEDED TO RESPOND TO FACTUAL INQUIRIES SO AN INFORMED DECISION CAN BE MADE, AND ABSTAIN FROM

Name of the organization

CENTRAL CITY EAST ASSOCIATION

Employer identification number

95-4001717

VOTING ON SUCH TRANSACTION.FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION  
OF THE EXECUTIVE DIRECTOR, TOP MANAGEMENT AND KEY EMPLOYEES ON AN ANNUAL  
BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION REVIEWS AND CONSIDERS ALL REQUESTS BUT WILL  
MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE  
PUBLIC ON A CASE-BY-CASE BASIS.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

<u>SECURITY EXPENSES</u>	<u>103,137.</u>
<u>ADMINISTRATIVE EXPENSES</u>	<u>96,035.</u>
<u>CITY FEES</u>	<u>66,848.</u>
<u>MARKETING EXPENSES</u>	<u>54,799.</u>
<u>CHECK-IN CENTER COSTS</u>	<u>44,853.</u>
<u>ARTS MEDALLION GRANT REFUND</u>	<u>18,707.</u>
<u>TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A</u>	<u>384,379.</u>

## 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Of Basis	Bus % Exc	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
24	FURNITURE AND FIXTURE	053105SL	5.00	16	11,068.				11,068.	11,068.	0.	
25	FURNITURE AND FIXTURE	031506SL	5.00	16	1,697.				1,697.	1,697.	0.	
26	FURNITURE AND FIXTURE	033006SL	5.00	16	1,113.				1,113.	1,113.	0.	
27	FURNITURE AND FIXTURE	022706SL	5.00	16	1,256.				1,256.	1,256.	0.	
40	FURNITURE AND FIXTURE	020207SL	5.00	16	1,277.				1,277.	1,277.	0.	
63	FURNITURE AND FIXTURE	032910SL	7.00	16	5,691.				5,691.	2,236.	813.	
<b>* 990 PAGE 10 TOTAL FURNITURE &amp; FIXTURE MACHINERY &amp; EQUIPMENT</b>						<b>22,102.</b>		<b>0.</b>	<b>22,102.</b>	<b>18,647.</b>	<b>0.</b>	<b>813.</b>
5	EQUIPMENT	040401SL	5.00	16	1,458.				1,458.	1,458.	0.	
9	COMPUTER	123102SL	5.00	16	576.				576.	576.	0.	
10	EQUIPMENT	020103SL	5.00	16	3,000.				3,000.	3,000.	0.	
11	EQUIPMENT	030103SL	5.00	16	333.				333.	333.	0.	
14	COMPUTER EQUIPMENT	122904SL	5.00	16	7,904.				7,904.	7,904.	0.	
15	COMPUTER EQUIPMENT MAINTENANCE	041505SL	5.00	16	17,807.				17,807.	17,807.	0.	
28	EQUIPMENT	070306SL	5.00	16	10,825.				10,825.	10,825.	0.	
29	SECURITY CAMERAS	030106SL	5.00	16	34,915.				34,915.	34,915.	0.	
30	SECURITY CAMERAS	063006SL	5.00	16	42,807.				42,807.	39,505.	0.	

## 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Of Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31SECURITY CAMERAS	070106SL	5.00	16	17,865.					17,865.	17,865.		0.
32SECURITY CAMERAS	072806SL	5.00	16	10,000.					10,000.	10,000.		0.
33SECURITY CAMERAS	090106SL	5.00	16	14,000.					14,000.	14,000.		0.
34SECURITY CAMERAS	100106SL	5.00	16	20,414.					20,414.	20,414.		0.
36EQUIPMENT	043007SL	5.00	16	19,543.					19,543.	19,543.		0.
37SECURITY CAMERAS	030507SL	5.00	16	2,613.					2,613.	2,613.		0.
39COMPUTER	070107SL	5.00	16	6,457.					6,457.	6,457.		0.
44(D) COMPUTER	040207SL	5.00	16	2,064.					2,064.	2,064.		0.
45(D) COMPUTER	030507SL	5.00	16	1,829.					1,829.	1,829.		0.
50COMPUTER EQUIPMENT	121009SL	5.00	16	2,781.					2,781.	1,714.		556.
51COMPUTER EQUIPMENT	122109SL	5.00	16	2,975.					2,975.	1,785.		595.
(D) COMPUTER	122109SL	5.00	16	2,107.					2,107.	1,263.		844.
(D) COMPUTER	011110SL	5.00	16	812.					812.	486.		326.
58EQUIPMENT	011810SL	5.00	16	3,829.					3,829.	2,234.		1,595.
(D) COMPUTER	021510SL	5.00	16	567.					567.	330.		237.
(D) COMPUTER	042610SL	5.00	16	268.					268.	144.		124.
65COMPUTER EQUIPMENT	011110SL	5.00	16	812.					812.	486.		162.
66COMPUTER EQUIPMENT	011810SL	5.00	16	3,829.					3,829.	2,234.		766.

**2013 DEPRECIATION AND AMORTIZATION REPORT**  
**FORM 990 PAGE 10**

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68 COMPUTER EQUIPMENT	061410SL	5.00	16	602.					602.	310.		120.
69 COMPUTER EQUIPMENT	041210SL	5.00	16	5,606.					5,606.	3,083.		1,121.
72 COMPUTER EQUIPMENT	012313SL	5.00	16	4,412.					4,412.			809.
73 COMPUTER EQUIPMENT	012213SL	5.00	16	18,119.					18,119.			3,322.
74 (D) EQUIPMENT (D) COMPUTER	012213SL	5.00	16	12,591.					12,591.			12,591.
75 EQUIPMENT	012213SL	5.00	16	3,066.					3,066.			3,066.
* 990 PAGE 10 TOTAL MACHINERY & EQUIP TRANSPORTATION EQUIPMENT				276,786.				0.	276,786.	225,177.	0.	26,234.
19 AUTO (FORD F-150) AUTOS (TWO FORD 70 VANS)	081705200DB5.00	21	25,571.						25,571.	18,885.		1,675.
71 (D) AUTO (FORD VAN) * 990 PAGE 10 TOTAL TRANSPORTATION EQU	111612200DB5.00	21	21,467.					10,734.	10,733.	426.		4,123.
OTHER LEASEHOLD												
13 IMPROVEMENTS LEASEHOLD	122204SL	5.00	16	7,176.					7,176.	7,176.	0.	
23 IMPROVEMENTS LEASEHOLD	050105SL	5.00	16	17,169.					17,169.	17,169.	0.	
35 IMPROVEMENTS LEASEHOLD	021907SL	3.00	16	2,599.					2,599.	2,599.	0.	
38 IMPROVEMENTS (D) LEASEHOLD	070107SL	3.00	16	16,675.					16,675.	16,675.	0.	
41 IMPROVEMENTS	012507SL	3.00	16	3,060.					3,060.	3,060.	0.	

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

25.3

**2013 DEPRECIATION AND AMORTIZATION REPORT  
FOR**

FORM 990 PAGE 10

990

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a	Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25	
26 Property used more than 50% in a qualified business use:							
STATEMENT 1						10,898.	
27 Property used 50% or less in a qualified business use:							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	10,898.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year:					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

## FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N	
AUTO F-150 1	(FORD 08/17/05 F-150)		100.00	25,571.	25,571. 5.00	200DB-HY	1,675.	
AUTOS FORD VANS 2	(TWO 11/16/12 FORD VANS)		100.00	21,467.	10,733. 5.00	200DB-MQ	4,123.	
AUTO VAN 3	(FORD 11/16/12 VAN)		100.00	11,134.	5,567. 5.00	200DB-HY	5,100.	
TOTAL TO FORM 4562, PART V, LINE 26							10,898.	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

**Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CENTRAL CITY EAST ASSOCIATION</b>	Employer identification number (EIN) or Social security number (SSN) <b>95-4001717</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>725 SOUTH CROCKER STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90021</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

 **1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**
**KEN COELHO, RBZ, LLP - 11766 WILSHIRE BLVD, NINTH FL. -**

- The books are in the care of ► **LOS ANGELES, CA 90025-1586**

Telephone No. ► **310.478.4148**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.
- 5 For calendar year **2013**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME REQUIRED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CPA**

Date ►

Form 8868 (Rev. 1-2014)

# California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization Name

California corporation number

**CENTRAL CITY EAST ASSOCIATION****1350957**

Address (suite, room, or PMB no.)

FEIN

**725 SOUTH CROCKER STREET****95-4001717**

City

**LOS ANGELES**

State

**CA**

ZIP Code

**90021**A First Return  Yes  NoB Amended Information Return  Yes  NoC IRC Section 4947(a)(1) trust  Yes  NoD Final Information Return?  Dissolved  Surrendered (Withdrawn) Merged/Reorganized Enter date: (mm/dd/yyyy) 

E Check accounting method:

(1)  Cash (2)  Accrual (3)  Other

F Federal return filed?

(1)  990T (2)  990 PF (3)  Sch H (990)G Is this a group filing for the subordinates/affiliates?  Yes  No

If "Yes," attach a roster. See instructions

H Is this organization in a group exemption?  Yes  No

If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No

If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No

If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g?  Yes  No

If "Yes," enter the gross receipts from nonmember sources \$

L If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company?  Yes  NoN Did the organization file Form 100 or Form 109 to report taxable income?  Yes  NoO Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>STMT 1</b>	1 <b>2,547,657.00</b>
	2 Gross dues and assessments from members and affiliates		2 <b>20,000.00</b>
	3 Gross contributions, gifts, grants, and similar amounts received		3 <b>5,000.00</b>
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		4 <b>2,572,657.00</b>
	<b>This line must be completed. If the result is less than \$50,000, see General Instruction B</b>		
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	<b>2,572,657.00</b>
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	<b>2,874,279.00</b>
<b>Expenses</b>	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<b>-301,622.00</b>
	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
<b>Filing Fee</b>	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Signature of officer ►	Title <b>EXECUTIVE DIRE</b>	Date	Telephone ● PTIN ● FEIN ● Telephone
Preparer's signature ►		Check if self-employed ►	P00444713
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address ► RBZ, LLP 11766 WILSHIRE BLVD., 9TH FLR LOS ANGELES, CA 90025	95-3439541	(310) 478-4148
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## CENTRAL CITY EAST ASSOCIATION

95-4001717

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 11-14-13

<b>Receipts from Other Sources</b> 1 Gross sales or receipts from all business activities. See instructions 2 Interest 3 Dividends 4 Gross rents 5 Gross royalties 6 Gross amount received from sale of assets (See Instructions) 7 Other income 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 Contributions, gifts, grants, and similar amounts paid 10 Disbursements to or for members 11 Compensation of officers, directors, and trustees 12 Other salaries and wages <b>Expenses and Disbursements</b> 13 Interest 14 Taxes 15 Rents 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	<b>SEE STATEMENT 2</b> <b>SEE STATEMENT 3</b> <b>SEE STATEMENT 4</b>	1	00
		2	2,645.00
		3	99.00
		4	00
		5	00
		6	00
		7	2,544,913.00
		8	2,547,657.00
		9	00
		10	00
		11	236,690.00
		12	298,013.00
		13	00
		14	36,546.00
		15	49,020.00
		16	36,035.00
		17	2,217,975.00
		18	2,874,279.00

**Schedule L Balance Sheets**

		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		510,229.		345,156.	
2 Net accounts receivable		370,684.		111,396.	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets	372,368.		363,319.		
b Less accumulated depreciation	( 333,150. )	39,218.	( 323,918. )	39,401.	
11 Land				•	
12 Other assets	STMT 5	34,048.		65,657.	
13 Total assets		954,179.		561,610.	
<b>Liabilities and net worth</b>					
14 Accounts payable		162,358.		73,381.	
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities				•	
19 Capital stock or principle fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		791,821.		488,229.	
22 Total liabilities and net worth		954,179.		561,610.	

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	-303,592.	7 Income recorded on books this year not included in this return.	
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	•
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	STMT 6 1,970.	Subtract line 9 from line 6	-301,622.
6 Total. Add line 1 through line 5	-301,622.		

## CENTRAL CITY EAST ASSOCIATION

95-4001717

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEPARTMENT OF WATER AND POWER	P.O. BOX 51111 LOS ANGELES, CA 90051	06/13/13	5,000.
TOTAL INCLUDED ON LINE 3			5,000.

FORM 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
ASSESSMENT REVENUE		2,544,913.
TOTAL TO FORM 199, PART II, LINE 7		2,544,913.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LARRY RAUCH 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	CHAIRPERSON 4.00	0.
MARK SHINBANE 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	VICE CHAIR 2.00	0.
ERNIE DOIZAKI 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	SECRETARY 1.00	0.
MATT KLEIN 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	TREASURER 1.00	0.
JAMES BARICH 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.

STATEMENT(S) 1, 2, 3

## CENTRAL CITY EAST ASSOCIATION

95-4001717

DILIP BHAVNANI 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.
RICHARD GARDNER 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.
HOWARD KLEIN 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 4.00	0.
ALEXANDER PALERMO 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.
WILLIAM SHINBANE 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.
MICHAEL TANSEY 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	DIRECTOR 1.00	0.
ESTELA LOPEZ 725 SOUTH CROCKER STREET LOS ANGELES, CA 90021	EXECUTIVE DIRECTOR 40.00	236,690.

TOTAL TO FORM 199, PART II, LINE 11	<u>236,690.</u>
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FORM 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SECURITY CONTRACT		890,084.
MAINTENANCE CONTRACT		271,208.
MAINTENANCE EXPENSES		216,093.
BAD DEBT EXPENSE		159,249.
SECURITY EXPENSES		103,137.
ADMINISTRATIVE EXPENSES		96,035.
CITY FEES		66,848.
MARKETING EXPENSES		54,799.
CHECK-IN CENTER COSTS		44,853.
ARTS MEDALLION GRANT REFUND		18,707.
OTHER EMPLOYEE BENEFITS		9,785.
LEGAL FEES		103,186.
ACCOUNTING FEES		125,870.
OTHER PROFESSIONAL FEES		32,082.
INSURANCE		26,039.
TOTAL TO FORM 199, PART II, LINE 17		<u>2,217,975.</u>

## CENTRAL CITY EAST ASSOCIATION

95-4001717

FORM 199	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	8,840.	32,055.
BID RENEWAL COSTS	19,854.	30,872.
DEPOSITS	5,354.	2,730.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	34,048.	65,657.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	1,970.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	1,970.

FORM 199	FUND BALANCES	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	791,821.	488,229.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	791,821.	488,229.

TAXABLE YEAR  
**2013****Corporation Depreciation and Amortization**CALIFORNIA FORM  
**3885**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-4001717

Corporation name

California corporation number

**CENTRAL CITY EAST ASSOCIATION****1350957****Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service .....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property (elected IRC Section 179 cost) .....	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9		
10 Carryover of disallowed deduction from prior taxable years .....	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12		
13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12 .....	13		

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	<b>8</b>	<b>410,556.</b>	<b>317,232.</b>				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....	15					<b>36,035.</b>	

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	<b>36,035.</b>
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	<b>38,005.</b>
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	<b>-1,970.</b>

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) .....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....	22					

CA 3885	DEPRECIATION					STATEMENT	8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
5 EQUIPMENT	04/04/01	1,458.	1,458.	SL	5.00	0.	
9 COMPUTER	12/31/02	576.	576.	SL	5.00	0.	
10 EQUIPMENT	02/01/03	3,000.	3,000.	SL	5.00	0.	
11 EQUIPMENT	03/01/03	333.	333.	SL	5.00	0.	
13 LEASEHOLD IMPROVEMENTS	12/22/04	7,176.	7,176.	SL	5.00	0.	
14 COMPUTER EQUIPMENT	12/29/04	7,904.	7,904.	SL	5.00	0.	
15 COMPUTER EQUIPMENT	04/15/05	17,807.	17,807.	SL	5.00	0.	
19 AUTO (FORD F-150)	08/17/05	25,571.	18,885.	200DB	5.00	1,675.	
23 LEASEHOLD IMPROVEMENTS	05/01/05	17,169.	17,169.	SL	5.00	0.	
24 FURNITURE AND FIXTURE	05/31/05	11,068.	11,068.	SL	5.00	0.	
25 FURNITURE AND FIXTURE	03/15/06	1,697.	1,697.	SL	5.00	0.	
26 FURNITURE AND FIXTURE	03/30/06	1,113.	1,113.	SL	5.00	0.	
27 FURNITURE AND FIXTURE	02/27/06	1,256.	1,256.	SL	5.00	0.	
28 MAINTENANCE EQUIPMENT	07/03/06	10,825.	10,825.	SL	5.00	0.	
29 SECURITY CAMERAS	03/01/06	34,915.	34,915.	SL	5.00	0.	
30 SECURITY CAMERAS	06/30/06	42,807.	39,505.	SL	5.00	0.	
31 SECURITY CAMERAS	07/01/06	17,865.	17,865.	SL	5.00	0.	
32 SECURITY CAMERAS	07/28/06	10,000.	10,000.	SL	5.00	0.	
33 SECURITY CAMERAS	09/01/06	14,000.	14,000.	SL	5.00	0.	
34 SECURITY CAMERAS	10/01/06	20,414.	20,414.	SL	5.00	0.	
35 LEASEHOLD IMPROVEMENTS	02/19/07	2,599.	2,599.	SL	3.00	0.	
36 EQUIPMENT	04/30/07	19,543.	19,543.	SL	5.00	0.	
37 SECURITY CAMERAS	03/05/07	2,613.	2,613.	SL	5.00	0.	

## CENTRAL CITY EAST ASSOCIATION

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38 LEASEHOLD IMPROVEMENTS 07/01/07	16,675.	16,675.	SL	3.00	0.
39 COMPUTER 07/01/07	6,457.	6,457.	SL	5.00	0.
40 FURNITURE AND FIXTURE 02/02/07	1,277.	1,277.	SL	5.00	0.
41 LEASEHOLD IMPROVEMENTS 01/25/07	3,060.	3,060.	SL	3.00	0.
42 LEASEHOLD IMPROVEMENTS 02/19/07	5,080.	5,080.	SL	3.00	0.
43 LEASEHOLD IMPROVEMENTS 04/16/07	1,020.	1,020.	SL	3.00	0.
44 COMPUTER 04/02/07	2,064.	2,064.	SL	5.00	0.
45 COMPUTER 03/05/07	1,829.	1,829.	SL	5.00	0.
50 COMPUTER EQUIPMENT 12/10/09	2,781.	1,714.	SL	5.00	556.
51 COMPUTER EQUIPMENT 12/21/09	2,975.	1,785.	SL	5.00	595.
52 COMPUTER EQUIPMENT 12/21/09	2,107.	1,263.	SL	5.00	844.
58 COMPUTER EQUIPMENT 01/11/10	812.	486.	SL	5.00	326.
59 COMPUTER EQUIPMENT 01/18/10	3,829.	2,234.	SL	5.00	1,595.
60 COMPUTER EQUIPMENT 02/15/10	567.	330.	SL	5.00	237.
61 COMPUTER EQUIPMENT 04/26/10	268.	144.	SL	5.00	124.
62 LEASEHOLD IMPROVEMENTS 03/29/10	717.	657.	SL	3.00	60.
63 FURNITURE AND FIXTURE 03/29/10	5,691.	2,236.	SL	7.00	813.
65 COMPUTER EQUIPMENT 01/11/10	812.	486.	SL	5.00	162.
66 COMPUTER EQUIPMENT 01/18/10	3,829.	2,234.	SL	5.00	766.
68 COMPUTER EQUIPMENT 06/14/10	602.	310.	SL	5.00	120.
69 COMPUTER EQUIPMENT 04/12/10	5,606.	3,083.	SL	5.00	1,121.
70 AUTOS (TWO FORD VANS) 11/16/12	21,467.	716.	200DB	5.00	5,100.
71 AUTO (FORD VAN) 11/16/12	11,134.	371.	200DB	5.00	2,153.
72 COMPUTER EQUIPMENT 01/23/13	4,412.		SL	5.00	809.
73 COMPUTER EQUIPMENT 01/22/13	18,119.		SL	5.00	3,322.
74 EQUIPMENT 01/22/13	12,591.		SL	5.00	12,591.
75 COMPUTER EQUIPMENT 01/22/13	3,066.		SL	5.00	3,066.
TOTAL DEPR TO FORM 3885	410,556.	317,232.		36,035.	

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN  
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2013 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Fiscal Year - See instructions.**

**Calendar Year - File and Pay by March 17, 2014.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

339035  
12-11-13

DETACH HERE ————— IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER ————— DETACH HERE ——

**CAUTION:** You may be required to pay electronically, see instructions.

**TAXABLE YEAR Payment Voucher for Corps  
2013 and Exempt Orgs e-filed Returns**

**CALIFORNIA FORM  
3586 (e-file)**

1350957            CENT 95-4001717            000000000000            13            FORM 3  
TYB 01-01-2013    TYE 12-31-2013

CENTRAL CITY EAST ASSOCIATION  
725 SOUTH CROCKER STREET  
LOS ANGELES            CA 90021

(213) 228-8484

Total Payment Amt

10.

022

6181136

FTB 3586 2013

TAXABLE YEAR  
**2013****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name

Identifying number

**CENTRAL CITY EAST ASSOCIATION****95-4001717****Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) .....	1 2,572,657 00
2 Total gross income (Form 199, line 8) .....	2 2,572,657 00
3 Total expenses and disbursements (Form 199, line 9) .....	3 2,874,279 00

**Part II Settle Your Account Electronically for Taxable Year 2013**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number	6 Account number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**Part IV Declaration of Officer**

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

**Sign Here**  Signature of Officer

Date \_\_\_\_\_

**EXECUTIVE DIRECTOR**

Title \_\_\_\_\_

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> <b>Must Sign</b>	ERO's signature 	Date	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's PTIN
	Firm's name (or yours if self-employed) and address	RBZ, LLP 11766 WILSHIRE BLVD., 9TH FL LOS ANGELES, CA			FEIN 95-3439541
					ZIP Code 90025

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> <b>Must Sign</b>	Paid preparer's signature 	Date	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	RBZ, LLP 11766 WILSHIRE BLVD., 9TH FLR LOS ANGELES, CA		FEIN 95-3439541
				ZIP Code 90025